

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | ID NO. | DATE     |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION         | <i>[Signature]</i> |        | 10-17-01 |
| O.I.P.E. CLASSIFIER       |                    | 44     | 10/25/01 |
| FORMALITY REVIEW          | <i>Cy</i>          | 1122   | 11/14/01 |
| RESPONSE FORMALITY REVIEW | <i>T2</i>          | 947    | 03/12/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 7-29-01 |
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| Claim | Final | Original | Date    |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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 SC-571  
 03/12/02